

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** DESTINY ADULT FAMILY HOME II (0010067)  
**Address:** 1009 MAYFAIR DR, RACINE, WI 53402  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/21/2003  
**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0094814      **End Date:** 05/17/2005      **Type:** OTHER      **Purpose:** DESK REVIEW  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0094395      **End Date:** 03/30/2005      **Type:** OTHER      **Purpose:** DESK REVIEW  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008785    Served 04/11/2005

Deficiencies Cited  
50.065(6)(b)

Subject Area  
CREDENTIALLED CAREGIVERS

Compliance  
Verified  
04/30/2005

Corrected  
Yes

**Survey ID:** 0092313      **End Date:** 02/27/2004      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0091605      **End Date:** 09/29/2003      **Type:** OTHER      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

Enforcement History
---------------------

<b>Date: 04/01/2005</b>	<b>SOD #10008785</b>	<b>Appealed: No</b>
-------------------------	----------------------	---------------------

Sanctions

COMPLY WITH REQUIREMENT

---

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Complaint History**

**Date Complaint Received: 12/09/2003**

**Date Investigation Completed: 02/26/2004**

Subject Area(s)

SUPERVISION  
RESTRAINTS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/22/2003**

**Date Investigation Completed: 10/03/2003**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
PHYSICAL PLANTS & SAFETY HAZARDS  
STAFF TRAINING AND PROFICIENCY  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
PHYSICAL PLANTS & SAFETY HAZARDS  
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***